AUTHORIZING DISCLOSURE OF CONFIDENTIAL SUD PATIENT RECORDS

Attorney Release

I, Jerrod Justin Hale DOB: -21-
[Patient's name]

Authorize MERIT Resource Services
[Name or general designation of individual or entity making the disclosure]

To disclose: All my past and current Substance Use Disorder, Mental Health, and Physical Health records including: Identity, dates, Comprehensive Assessment, diagnosis, medications, prognosis, recommendations, treatment rendered, location, progress, dialogue with recipient, transfer/discharge summary, treatment coordination and urinalysis test results. Information regarding DUI including: criminal history, driving abstract, police report, and toxicology report/blood alcohol level.
[Describe how much and what kind of information may be disclosed, including explicit description of any substance use disorder information to be disclosed, should be as limited as possible]

To exchange information and disclose to:

Lee & Associates-Tim Nguyen: 117 N. 3rd Street, Suite 201, Yakima, WA 98901, Phone: (509) 452-6235, Email: timnguyen@troyleelaw.net
[name of individual(s) or entity (ies) who will receive the information]

For the purpose of: At the patient request to inform them of my Substance Use Disorder, Mental Health and Physical Health Assessments and/or Treatment Services.
[Describe the purpose of the disclosure; should be as specific as possible]

I understand that my substance use disorder records are protected under federal law, including the federal regulations governing the confidentiality of substance use disorder patient records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this consent will expire automatically as follows:

10/26/2022

[Date, event, or condition upon which consent will expire, which must be no longer than reasonably necessary to serve the purpose of this consent]

I understand that I may be denied services if I refuse to consent to disclosure for purposes of treatment, payment, or healthcare operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form.

Date: 11-5-21

Signature of Patient

Signature of person signing form if not patient

Describe authority to sign on behalf of patient: ______

Date revoked: ______ Staff initials: ______

"Steps to a Brighter Tomorrow"
MERIT RESOURCE SERVICES
40th

Substance Use Assessment Summary

Patient Name:	**JERROD HALE**	**Date Assessment Completed:**	11/16/2021
Date of Birth:	06/21/1980		
Referent Name:	LEE & ASSOCIATES- TIM NGUYEN		
Address:	117 N. 3RD ST, YAKIMA, WA 98901		

Assessment Information Reviewed (WAC 246-341-0610). **Diagnostic Assessment Using DSM-5 Criteria:**
F12.20 Severe Cannabis Use Disorder. F15.20 Severe Amphetamine Use Disorder

ASAM (American Society of Addiction Medicine) **Level of Care Placement Decision:**

- ☐ No Intervention Recommended
- ☐ Level 0.5 Early Intervention
- ☐ Level 1 Outpatient
- ☐ Level 2 Intensive Outpatient
- ☒ Level 3 Residential

Recommendations:

- ☐ None
- ☐ Enter and complete an Alcohol/Drug Information School at a Certified Substance Use Disorder DOH approved agency. The ADIS course must have no fewer than eight hours of classroom instruction.
- ☒ Complete and total abstinence from all alcohol and other mood/mind altering substances. It is recommended individuals with a diagnosed substance use disorder only use medications that are FDA (Federal Drug Administration) approved and prescribed by your physician.
- ☒ Attend and participate in self-help support groups in the community.
- ☐ Other Interventions Recommended: ____

The Individual was Notified of the Assessment Results, Treatment Options and the Individual's Choice: ☒ Yes ☐ No

THIS ASSESSMENT AND TREATMENT RECOMMENDATIONS ARE VOIDED IF THE PATIENT HAS FAILED TO FULLY AND HONESTLY DISCLOSE INFORMATION REQUESTED OF HIMTHROUGHOUT THE ASSESSMENT PROCESS.

Natalie Barrera SUDP

Jasmine N. Barrera, SUDP
Substance Use Disorder Professional Date: 11/16/2021

MERIT Resource Services Office Site:

☐	702 Franklin Avenue Sunnyside, WA. 98944	Phone: (509) 837-7700	Fax: (509) 839-7311	Certification Number: 39 0141 00
☐	321 W. First Ave Toppenish, WA. 98948	Phone :(509) 865-5233	Fax (509) 865-6505	Certification Number: 39 0141 01
☐	312 W. Second Street Wapato, WA. 98951	Phone :(509) 877-7271	Fax (509) 877-3532	Certification Number: 39 0832 00
☐	315 North 2nd Street Yakima, WA. 98902	Phone :(509) 469-9366	Fax (509) 469-9926	Certification Number: 39 1078 00
☐	200 E. 3rd Ave. Ellensburg, WA 98926	Phone: (509) 925-9821	Fax (509) 925-9073	Certification Number: 19 1740 00
☒	7510 West Deschutes Place Kennewick, WA 99336	Phone: (509) 579-0738	Fax (509) 579-0712	Certification Number: 200470

Cc: File
Client

PROHIBITION ON REDISCLOSURE